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FROM: Stephen C. Durant
Reg. No. 31,506**DATE:** October 19, 2005

| | |
|---|----------|
| Number of pages with cover page: | 7 |
|---|----------|

Preparer of this slip has confirmed that facsimile number given is correct: 11504/SCD2/tvl2

| Comments: | |
|---|--|
| Re: U.S. Patent Application Docket No.: 404332000200 Art Unit: 2161 Examiner: Brian D. Goddard Serial No.: 09/747,602 Filing Date: December 22, 2000 Inventor(s): Kent GILSON Title: MULTI DIMENSIONAL RECURSIVE WAVEFRONT BEHAVIORAL SYNTHESIS | |
| Enclosure(s): | ① Transmittal1 page ② Fee Transmittal (orig.+copy)2 pages ③ Petition for Extension of Time1 page ④ Response to Restriction Requirement2 pages |

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sf-2020325 v1

PTO/SB/21 (09-04)


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| | | | |
|---|---|------------------------|-------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | | Application Number | 09/747,602 |
| | | Filing Date | December 22, 2000 |
| | | First Named Inventor | Kent L. GILSON |
| | | Art Unit | 2161 |
| | | Examiner Name | B. D. Goddard |
| Total Number of Pages in This Submission | 7 | Attorney Docket Number | 404332000200 |

| ENCLOSURES (Check all that apply) | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form (orig.+copy) (2 pages) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (2 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax cover form (1 page) |
| Remarks | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|---|----------|--------------------|
| Firm Name | MORRISON & FOERSTER LLP | | Customer No. 20872 |
| Signature |  | | |
| Printed name | Stephen C. Durant | | |
| Date | October 19, 2005 | Reg. No. | 31,506 |

| | |
|--|--|
| I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office, Facsimile No. 571-273-8300, on the date shown below. | |
| Dated: October 18, 2005 | Signature:  Todd V. Leone |

sl-2020243 v1

DUPLICATE COPY FOR FEE PROCESSING

PTO/SB/17 (12-04v2)
Approved for use through 7/31/2006. OMB 0851-0032
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Effective on 12/09/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (P.L. 109-171).

FEE TRANSMITTAL

For FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

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|--------------------------------|--|----------------------|
| TOTAL AMOUNT OF PAYMENT | | (\$) 1,080.00 |
|--------------------------------|--|----------------------|

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| Complete If Known | |
|----------------------|-------------------|
| Application Number | 09/747,602 |
| Filing Date | December 22, 2000 |
| First Named Inventor | Kent L. GILSON |
| Examiner Name | B. D. Goddard |
| Art Unit | 2181 |
| Attorney Docket No. | 404332000200 |

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|----------|---------------|---------------------------|----------|---------------|
| - 69 = | x | = | | | | |

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|----------|---------------|
| - 21 = | x | = | |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| - 100 = | /50 | (round up to a whole number) x | = | |

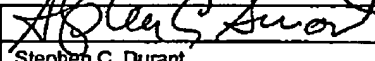
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2255 Extension for response within fifth month

1,080.00

SUBMITTED BY

| | | | | | |
|-------------------|---|-----------------------------------|------------------|-----------|----------------|
| Signature |  | Registration No. (Attorney/Agent) | 31,506 | Telephone | (415) 268-6982 |
| Name (Print/Type) | Stephen C. Durant | Date | October 19, 2005 | | |

I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office, Facsimile No. 571-273-8300, on the date shown below.

Dated: October 19, 2005

Signature: 

Todd V. Leone